

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		04-12-01
O.I.P.E. CLASSIFIER		47	5/18/01
FORMALITY REVIEW	TH	953	06-08-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1 2	✓ 04/14/01
2 3	✓ 03/12/01
3 4	✓ 03/12/01
4 5	✓ 03/12/01
5 6	✓ 03/12/01
6 7	✓ 03/12/01
7 8	✓ 03/12/01
8 9	✓ 03/12/01
9 10	✓ 03/12/01
10 11	✓ 03/12/01
11 12	✓ 03/12/01
12 13	✓ 03/12/01
13 14	✓ 03/12/01
14 15	✓ 03/12/01
15 16	✓ 03/12/01
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26 27	✓ 03/12/01
27 28	✓ 03/12/01
28 29	✓ 03/12/01
29 30	✓ 03/12/01
30 31	✓ 03/12/01
31 32	✓ 03/12/01
32 33	✓ 03/12/01
33 34	✓ 03/12/01
34 35	✓ 03/12/01
35 36	✓ 03/12/01
36 37	✓ 03/12/01
37 38	✓ 03/12/01
38 39	✓ 03/12/01
39 40	✓ 03/12/01
40 41	✓ 03/12/01
41 42	✓ 03/12/01
42 43	✓ 03/12/01
43 44	✓ 03/12/01
44 45	✓ 03/12/01
45 46	✓ 03/12/01
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49 50	✓ 03/12/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet

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L.L.  
 06/14/01